

# 2005

## Program Features

- ✓ Consumer-Choice  
Premium-Saver Options
- ✓ 4 High Option Medical Plans  
+ 4 Low Option Medical Plans  
= 8 Medical Plans  
x 2 Pharmacy Plans  
= 16 Options

# OPEN Enrollment

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November 9-26, 2004

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COBRA What's New for 2005



Maricopa County

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## Open Enrollment Q & A

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<b>What</b>	<b>2005 Benefits Open Enrollment</b>
<b>Who</b>	<b>All Maricopa County COBRA participants</b> ... should complete Open Enrollment for 2005 using an Open Enrollment form. <i>If you do not complete new enrollment information, you will be enrolled in your current medical health insurance plan with your current dependents and the coinsurance-based pharmacy benefit.</i> Rates have changed for the current plans and the coinsurance-based pharmacy benefit has been modified. Please note that the pharmacy benefit for HealthSelect has been replaced.
<b>When</b>	<b>8 a.m., Tuesday, Nov. 9 to 5 p.m., Friday, Nov. 26.</b> The benefit plan year begins Jan. 1, 2005 and ends Dec. 31, 2005. All changes made during Open Enrollment are effective Jan. 1, 2005.
<b>How</b>	Your Open Enrollment information must be received by the Plan Administrator's Office <i>no later than 5 p.m. Nov. 26</i> . Late enrollments will not be accepted. <b>You are responsible for getting the form to the COBRA Administrator by 5 p.m. Nov. 26.</b> Delivery by this date will be ensured if the form is postmarked by Nov. 26, 2004 and mailed via the U.S. Postal Service or hand-delivered to the COBRA Administrator's Office and date-stamped by a COBRA Plan representative by Nov. 26, 2004.
<b>Where</b>	To review detailed Open Enrollment plan documents, go online to <a href="http://www.maricopa.gov/benefits">http://www.maricopa.gov/benefits</a> (Internet) or visit the vendors' Web site addresses, which can be found on the last page of this guide.
<b>Questions</b>	For questions regarding your benefits or premium rates for 2005, contact the Benefits Office at 602-506-1010 from 8 a.m. to 5 p.m. Monday-Friday. Select option 1 for English or option 2 for Spanish, option 1 again, and then, option 4, or e-mail <a href="mailto:BenefitsService@mail.maricopa.gov">BenefitsService@mail.maricopa.gov</a> .

# Your Enrollment Process Checklist



☐ **Carefully read the information in this guide.** Benefit premium rates have changed. Costs of specific HealthSelect medical benefits have changed and the HealthSelect pharmacy benefit has been replaced, as all medical plans now have two pharmacy benefits from which to choose. One plan is the existing coinsurance-based plan, with modifications, and the other is a consumer-focused plan with a rollover feature. Four new low-option medical plans are being introduced, one of which meets the requirements of a high-deductible health plan, thus allowing for the purchase of a Health Savings Account (HSA). These plans have lower premium rates and higher costs for medical services. For United Concordia dental, the out-of-network coverage level when a non-contracted dentist provides services has been changed, some benefit enhancements have been made and new dental rates for part-time employees have been added. Employers Dental Services (EDS) has changed its orthodontic program.

☐ **Do not make a medical or dental election solely on the basis of a healthcare provider's participation** with the vendor's network because physicians and dentists may stop participating during the plan year. If a specific physician or dentist is very important to you, consider selecting a product with out-of-network benefits such as a Point of Service (POS) or a Preferred Provider Organization (PPO). Products with out-of-network benefits allow you to see providers who no longer participate with the vendor's network, at higher out-of-pocket costs to you. Additionally, you should not make your medical election solely on the basis of specific medications on the preferred drug list (formulary) because medications may change their coverage status during the plan year. For example, medications may change from preferred brand name level to a generic or non-preferred brand name level or may become available over-the-counter.

☐ **Make your election decisions carefully** *as they cannot be changed* for plan (calendar) year 2005, except for a family status change. If you have a family status change you may add or delete dependents and add or drop benefits. Family status changes include marriage, divorce, qualified medical child support order, birth, adoption or placement for adoption, death of a spouse or child, termination or commencement of your spouse's or dependent's employment, a change in your or your spouse's employment status (full-time to part-time or vice versa), unpaid leave of absence for you or your spouse or a significant change in health or dental coverage because of your spouse's or dependent's employment. Qualified status changes must be made within 30 days of the date of the event, must be verified and must be consistent with the event. However, even with a qualified status change you will not be able to change your medical plan (for example from HMO to POS). *Please note that a physician's participation status in the provider network, increased drug costs or availability or a mistake or dissatisfaction with your plan choice are not considered qualified status changes.*

☐ **Complete your benefit elections** no later than 5 p.m. Nov. 26, 2004.

☐ After Jan. 1, 2005, **contact your selected medical plan vendor** to change your primary care provider (PCP), if applicable.

☐ **Watch for your new ID card in the mail.** All participants will receive a new ID card for medical, pharmacy, vision and EDS dental. New participants of United Concordia will also receive new ID cards. ID cards will either carry no ID number, an edited ID number (revealing only the last four digits of your Social Security number) or a randomly system-generated number to protect your confidentiality. Destroy your old ID card upon receipt of your new card.

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# Changing Medical Insurance Vendors?

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## **IF YOU'RE THINKING OF CHANGING FROM HEALTHSELECT TO CIGNA, OR VICE VERSA, CONSIDER THE FOLLOWING:**

### **☐ You *may* need to select a new primary care physician (PCP) ...**

If so, contact your selected medical plan vendor after Jan. 1, 2005 to change your PCP. Have your current PCP and any specialists send medical records to your new PCP as soon as possible after Jan. 1, 2005.



Your existing PCP or specialist may require you to sign a medical release to have your medical records sent to the new PCP.

**☐ Make an appointment as soon as possible for shortly after Jan. 1 to establish a relationship with your new PCP. Do not wait until there is a health crisis before making contact.**



**☐ With the help of your existing PCP, determine whether your supply of medication will last until you are able to see your new PCP. If not, ask for a prescription with a sufficient number of refills.**

### **☐ Determine if your current medication is on the new carrier's preferred drug list (formulary).**

Switching to any CIGNA or HealthSelect plan: The formulary for the Walgreen's Health Initiatives (WHI) Pharmacy Plan can be found at [www.mywhi.com](http://www.mywhi.com) or by calling WHI Customer Service at 1-800-207-2568. Some medications listed on the formulary may not be covered under your plan. For example, infertility or cosmetic medications are excluded from coverage but may be listed on the preferred drug list.

Discuss with your current PCP possible alternatives to your current medication if the medication is not on the formulary. Medications not appearing on the formulary may still be covered but you will incur higher out-of-pocket costs. Make sure your physician has documented all medications tried and failed in your medical record in the event of questions regarding non-formulary medications you are using or a prior authorization requirement.



### **☐ For you or a family member with a special need, contact CIGNA's member services department for help in transitioning care. Special needs may include:**

- High-risk or third trimester pregnancies
- Chronic illness such as diabetes or congestive heart failure
- Chemotherapy and/or radiation therapy
- Durable medical equipment, such as wheelchairs, walkers, oxygen equipment, etc.
- Organ or tissue transplantation services in process
- Home health services
- Post-surgical visits after the plan effective date
- Scheduled elective surgeries



**☐ Let your providers know you have changed insurance carriers and show your new ID card(s) to your PCP, specialists and pharmacy provider. New ID cards will arrive shortly before Jan. 1.**

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# What's New for 2005 Benefits

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*This section provides a brief summary of benefit rate and plan design changes.*

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## What's New for Rates

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Benefit premium rates have changed for all plans. Please refer to the "2005 Premium Rates" section.

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## What's New for Medical Plans

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*The following is a brief overview of the medical plan changes for 2005. More specific information on the plans can be found in the "2005 Medical Plan Choices" section of this guide.*

Four new low option medical plans are being introduced, one of which meets the requirements of a high-deductible health plan, thus allowing for the purchase of a Health Savings Account (HSA). These plans have lower premium rates and higher costs for medical services. Some copay changes have occurred in the HealthSelect medical plan. All current medical plans have some enhancements. Please read the HealthSelect and CIGNA sub-sections below.

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## What's New for the HealthSelect Medical Plan

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### • **HealthSelect Pharmacy Benefit**

The HealthSelect pharmacy benefit has been replaced with the choice of two pharmacy plans, and the pharmacy benefit will be elected separately from the medical benefit. Please refer to the "Pharmacy Benefits for All Medical Plans" section for a description of these plans.

### • **HealthSelect Medical Plan**

Several changes to the HealthSelect benefits and rates will occur for 2005. Please refer to the "2005 Premium Rates" section for rate changes. Benefit changes to the current high option plan are listed below. A new low option HealthSelect plan has been added as another plan design. The low option plan offers a lower premium rate with increased copays for the cost of services. Refer to the "2005 Medical Plan Choices" section for a brief summary of how the HealthSelect plan operates and for the low option plan design.

#### **Current HealthSelect High Option Medical Plan Changes**

##### **Office Visit**

\$10 copay

##### **MRI/MRA/PET/CT Scans**

\$25 copay

##### **Urgent Care**

\$25 copay

##### **Physical, Speech & Occupational Therapy**

\$10 copay

##### **Hearing Aid Benefit**

Increased to \$500

##### **Alternative Medicine Visits**

Increased to 12 (was six) self-referred visits per year to designated network; \$5 copay

#### **New HealthSelect Low Option Medical Plan Additions**

Please refer to the "2005 Medical Plan Choices" section to see the plan design.

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## **⊕ What's New for CIGNA Medical Plans**

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### **• CIGNA Pharmacy Benefit**

The pharmacy benefit that was associated with all CIGNA medical plans — a coinsurance-based Rx plan administered by Walgreens Health Initiatives (WHI) — has been modified and you now have the choice of two pharmacy plans. The pharmacy benefit will be elected separately from the medical benefit. Please refer to the “Pharmacy Benefits for All Medical Plans” section for a description of these options.

### **• CIGNA Health Maintenance Organization (HMO) ⊕**

Changes to the CIGNA HMO benefits and rates will occur for 2005. Refer to the “2005 Premium Rates” section for rate changes. Benefit changes, including a low option HMO plan, are listed below. Refer to the “2005 Medical Plan Choices” section for a brief summary of how the CIGNA HMO plan operates and for the low option plan design. 2005 will likely be the last year for coverage of bariatric surgery (gastric bypass) and related services, abdominoplasty/panniculectomy (elimination of redundant skin of the abdomen), breast reduction, erectile dysfunction and varicose vein treatment.

#### **Current CIGNA HMO High Option Medical Plan Changes**

*(Primary & some other medical care are restricted to CIGNA Medical Group clinics)*

##### **External Prosthetics**

Increased to \$3,000 maximum benefit (was \$1,000)

##### **Alternative Medicine Visits**

Increased to 10 (was six) self-referred visits per year to designated network; \$5 copay

#### **New CIGNA HMO Low Option Medical Plan Additions**

*(Primary & some other care is restricted to CIGNA Medical Group clinics)*

Please refer to the “2005 Medical Plan Choices” section to see the plan design.

### **• CIGNA Point of Service (POS) ⊕**

Changes have taken place in the CIGNA POS benefits and rates. Please refer to the “2005 Premium Rates” section for rate changes. Benefit changes, including a low option POS plan, are listed below. Refer to the “2005 Medical Plan Choices” section for a brief summary of how a POS plan operates and for the low option plan design.

#### **Current CIGNA POS High Option Medical Plan Changes**

##### **External Prosthetics**

Increased to \$3,000 maximum benefit (was \$1,000)

##### **Alternative Medicine Visits**

Increased to 10 (was six) self-referred visits per year to designated network; \$5 copay

#### **New CIGNA POS Low Option Medical Plan Additions**

Please refer to the “2005 Medical Plan Choices” section to see the plan design.

### **• CIGNA Preferred Provider Organization (PPO) ⊕**

Changes to the CIGNA PPO benefit and rates have occurred. Please refer to the “2005 Premium Rates” section for rate changes. Benefit changes, including a low option PPO plan, are listed below. Refer to the “2005 Medical Plan Choices” section for how a PPO plan operates and for the low option plan design.

#### **Current CIGNA PPO High Option Medical Plan Changes**

##### **In-Network**

##### **External Prosthetics**

Increased to \$3,000 maximum benefit after \$200 deductible and 80% coinsurance (was \$1,000)

##### **Alternative Medicine Visits**

Increased to 10 (was six) self-referred visits per year to designated network; \$5 copay

#### **New CIGNA PPO Low Option Medical Plan Additions**

Please refer to the “2005 Medical Plan Choices” section to see the plan design.

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## What's New for Pharmacy Benefits

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All medical plans now have **two pharmacy benefits** from which to choose. One pharmacy plan is the existing **coinsurance-based plan**. See changes below. The **other pharmacy plan**, “**Consumer Choice**,” is focused on smart spending on pharmaceuticals, with some funding by Maricopa County, and includes a rollover feature allowing you to create a credit balance for unused money left on account. Designs for both pharmacy plans are listed in the “Pharmacy Benefits for All Medical Plans” section. Please note that the current HealthSelect pharmacy benefit with a \$5 copay for generic drugs and \$15 copay for brand-name drugs *will not be available in 2005*. You must select from one of the two pharmacy plans. If no election is made during open enrollment, you will be enrolled in the coinsurance-based pharmacy plan.

### • **Current Coinsurance-Based Pharmacy Plan Changes**

Changes to the coinsurance-based plan include:

- Generic prescription maximum increased to \$12 (was \$10);
- Preferred brand-name prescription (on the formulary) maximum increased to \$30 (was \$25);
- Non-preferred brand-name prescriptions with a generic equivalent have no maximum, a 50% coinsurance and a charge for the difference in cost between the brand and the generic cost.
  - For example, Prozac is a non-preferred brand-name drug with a generic equivalent, fluoxetine. A 30-day supply of Prozac costs \$252.24, while fluoxetine costs \$40.87. If you chose Prozac rather than fluoxetine, you would pay 50% of the cost of Prozac ( $\$252.24 \times .50 = \$126.12$ ) plus the difference between the cost of Prozac and fluoxetine ( $\$126.12 - \$40.87 = \$85.25$ ). Thus, your total cost would be \$211.37 ( $\$126.12 + \$85.25$ ). If you chose the generic, fluoxetine, you would pay \$10.22 ( $\$40.87 \times .25 = \$10.22$ ). *Prices listed in the example are approximate and based on specific strengths for a 30-day supply.*
- Non-preferred brand-name prescriptions without a generic equivalent have no maximum and a 50% coinsurance cost.
  - For example, Flonase is a non-preferred brand-name drug with *no* generic equivalent. A 30-day supply of Flonase costs \$71.62. A preferred brand-name drug in the same drug class is Nasacort AQ. Nasacort costs \$28.10. If you chose Flonase rather than Nasacort, you would pay \$35.81 which is 50% of the cost of Flonase ( $\$71.62 \times .50 = \$35.81$ ). If you chose the preferred brand Nasacort, you would pay \$8.43 ( $\$28.10 \times .30 = \$8.43$ ). *Prices listed in the example are approximate and based on specific strengths for a 30-day supply.*
- \$50 copay for non-formulary specialty medications for complex health conditions. Specialty medications are received through the specialty pharmacy program and focus on expensive and difficult-to-find medications, injectables or other medications involving complex administration methods, strict compliance requirements, special storage, handling and delivery, education, monitoring and ongoing patient support. Specialty pharmacy patient conditions include acromegaly, chronic granulomatous disease, cystic fibrosis, gaucher disease, hemophilia, multiple sclerosis, HIV/AIDS, viral hepatitis, some oncology-related conditions, psoriasis, rheumatoid arthritis, growth hormone disorders, respiratory syncytial virus (RSV), solid organ transplant and deep vein thrombosis.
- The mail order benefit has been enhanced when ordering *generic* medication by decreasing the coinsurance from 20% to 15%;
- The CIGNA Medical Groups (CMGs) have now been added to the WHI network of pharmacies.

### • **New Consumer Choice Pharmacy Plan Additions**

Please refer to the “Pharmacy Benefits for All Medical Plans” section to see the plan design.

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## What's New for Dental Plans

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### • **United Concordia**

For United Concordia dental, the out-of-network coverage level when a non-contracted dentist provides services has been changed.

- *Diagnostic & Preventive Services (Class I)* will now be reimbursed at 80% (was 100%)
- *Basic Restoration Services (Class II)* will now be reimbursed at 60% (was 80%)

Benefit enhancements include:

- An increase in the lifetime orthodontic maximum from \$1,500 to \$3,000 for new treatment plans beginning Jan. 1, 2005;
- Resin/composite fillings on posterior teeth are now covered at the *Major Restoration Services (Class III)* level for 50% reimbursement. Replacements must be medically necessary.

### • **Employers Dental Services**

EDS will no longer offer the Madera Plan for orthodontic services, but will continue to offer a 25% discount on orthodontic services.

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## 2005 Medical Plan Choices

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*This section provides information on how the different medical plans operate and the costs of services. Choices include a managed-care plan, a health maintenance organization (HMO) plan, a point of service (POS) plan and a preferred provider organization (PPO) plan. Each plan has a high and a low option from which to choose. You will select your pharmacy benefit separately from your medical plan.*

### **HealthSelect Medical Plan**

HealthSelect is a managed-care plan sponsored by Maricopa County and administered by CIGNA. All care is directed through a primary care physician (PCP) — family practice, pediatrician, internist or an obstetrician/gynecologist — in either a private practice office setting or at a Family Health Center. Services may be received only within Maricopa County, except for emergency care. Referrals are required for all care except primary care, obstetrician/gynecologist services, urgent care, emergency care, chiropractic care and alternative medicine services.

Your pharmacy benefit will now be chosen separately from your medical plan. Refer to the "Pharmacy Benefits for All Medical Plans" section to review your choices. The HealthSelect Medical Plan operates in the same fashion regardless of whether you choose the high option or low option plan.

For a list of practitioners participating in the HealthSelect network, you can obtain a provider directory at one of the Paper Depots or go to <http://www.maricopa.gov/medcenter/healthplans/providerlist>. You can also call CIGNA's customer service department at 1-800-244-6224 and ask if a provider is participating in the HealthSelect network AZ904.

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### **2005 HealthSelect High Option Plan Design**

#### **Deductible**

\$0

#### **Office Visit**

\$10 copay

#### **Lab/X-ray**

\$0 copay

#### **Specialist Office Visit**

\$10 copay

#### **Urgent Care**

\$25 copay if urgent, otherwise not covered

#### **Emergency Room**

\$50 copay if emergent, otherwise not covered

#### **Outpatient Surgery**

\$0 copay

#### **Inpatient Hospitalization**

No charge

#### **MRI/MRA/PET/CT Scan**

\$25 copay

#### **Chiropractic Services**

\$10 copay; 12-visit maximum; chronic conditions are not covered and care must be medically necessary

#### **Alternative Medicine Visit**

\$5 copay; 12-visit maximum; \$60 credit for supplies and/or products; uses designated network

#### **Wellness Incentives**

\$75 health club attendance gift card  
\$30 gift card for health screenings, children's immunizations, health education and smoking cessation classes

#### **Physical, Speech & Occupational Therapy Visit**

\$10 copay; 60-visit maximum combined

#### **Student Health Insurance Allowance**

\$125 per semester for full-time students up to 25 years old and residing outside Maricopa County

**Out-of-Network coverage is NOT available**



## **NEW 2005 HealthSelect Low Option Plan Design**

<b>Deductible</b> \$0	<b>MRI/MRA/PET/CT Scan</b> \$100 copay
<b>Office Visit</b> \$25 copay	<b>Chiropractic Services</b> \$45 copay; 20-visit maximum; chronic conditions are not covered and care must be medically necessary
<b>Lab/X-ray</b> \$0 copay	<b>Alternative Medicine Visit</b> \$5 copay; 12-visit maximum; \$60 credit for supplies and/or products; uses designated network
<b>Specialist Office Visit</b> \$45 copay	<b>Wellness Incentives</b> \$75 health club attendance gift card \$30 gift card for health screenings, children's immunizations, health education and smoking cessation classes
<b>Urgent Care</b> \$50 copay if urgent, otherwise not covered	<b>Physical, Speech &amp; Occupational Therapy Visit</b> \$45 copay; 60-visit maximum combined
<b>Emergency Room</b> \$100 copay if emergent, otherwise not covered	<b>Student Health Insurance Allowance</b> \$125 per semester for full-time students up to 25 years old and residing outside Maricopa County
<b>Outpatient Surgery</b> \$250 copay, then 90% coverage	<b>Out-of-Network coverage is NOT available</b>
<b>Inpatient Hospitalization</b> \$500 copay per admission; then 90% coverage	

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## **CIGNA Health Maintenance Organization (HMO)**

All care is directed through a network of PCPs — family practice, pediatrician or internist — who deliver care at CIGNA Medical Group (CMG) clinics. You and your family members must select a PCP.

The HMO also has a small hospital network. Referrals are required for all care except primary care, obstetrician/gynecologist services, urgent care, emergency care, chiropractic care and alternative medicine services.

**Please Note:** Physicians in private practice offices are not included in this network. Services may be received only within Maricopa County at the CMG clinics, except for emergency care.

Your pharmacy benefit will now be chosen separately from your medical plan. Refer to the "Pharmacy Benefit for All Medical Plans" section for your pharmacy benefit choices. The CIGNA HMO plan operates in the same fashion regardless of whether you choose the high option or low option plan. Members must reside within Maricopa County.

For a list of practitioners and hospitals participating in the CIGNA HMO network, pick up a provider directory at one of the Paper Depots or go online to [www.mycigna.com](http://www.mycigna.com) or [www.cigna.com](http://www.cigna.com). From the home page, select the Provider Directory link, enter your physician search requirements and on the next page, under the "Select your benefit plan or program" option, choose "Network (HMO) Plans." From the "For Network and Point of Service Plans" drop-down list, select AZ - CIGNA Medical Group, and continue with the prompts. You can also call CIGNA's customer service department at 1-800-244-6224 and ask if a provider is participating in network AZ812. Program features are listed below.

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## **2005 CIGNA High Option HMO Plan Design**

<b>Deductible</b> \$0	<b>Outpatient Surgery</b> \$0 copay
<b>Office Visit</b> \$10 copay	<b>Inpatient Hospitalization</b> No charge
<b>Lab/X-ray</b> \$0	<b>MRI/MRA/PET/CT Scan</b> \$50 copay
<b>Specialist Office Visit</b> \$10 copay	<b>Chiropractic Services</b> \$10 copay; 20-visit maximum
<b>Urgent Care</b> \$35 copay if urgent, otherwise not covered	<b>Alternative Medicine Visit</b> \$5 copay; 10-visit maximum; \$60 credit for supplies and/or products; uses designated network
<b>Emergency Room</b> \$75 copay if emergent, otherwise not covered	<b>Physical, Speech &amp; Occupational Therapy Visit</b> \$10 copay; 60-visit maximum combined
	<b>Out-of-network coverage is NOT available</b>

## **NEW 2005 CIGNA HMO Low Option Plan Design**

<b>Deductible</b> \$0	<b>Outpatient Surgery</b> \$250 copay, then 90% coverage
<b>Office Visit</b> \$25 copay	<b>Inpatient Hospitalization</b> \$500 copay per admission, then 90% coverage
<b>Lab/X-ray</b> \$0 copay	<b>MRI/MRA/PET/CT Scan</b> \$100 copay
<b>Specialist Office Visit</b> \$45 copay	<b>Chiropractic Services</b> \$45 copay; 20-visit maximum
<b>Urgent Care</b> \$50 copay if urgent, otherwise not covered	<b>Alternative Medicine Visit</b> \$5 copay; 10-visit maximum; \$60 credit for supplies and/or products; uses designated network
<b>Emergency Room</b> \$100 copay if emergent, otherwise not covered	<b>Physical, Speech &amp; Occupational Therapy Visit</b> \$45 copay; 60-visit maximum combined
	<b>Out-of-network coverage is NOT available</b>

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*The information and benefits described herein are brief summaries of the County's official plan documents and contracts that govern the plans. If there is a discrepancy between the information in this booklet and the official documents, the official documents will govern. All references to year refer to a calendar year unless otherwise specified.*

## **CIGNA Point of Service (POS)**

A POS plan features in-network and out-of-network benefits.

In-network medical care is directed through a contracted PCP — family practice, pediatrician or internist. Service is received in a physician's private practice office or in a CMG facility if the PCP is contracted in both the private practice network and the CMG network. Services must be received within the state of Arizona, except for emergency care. You and your family members must select a PCP. Referrals from your PCP are required for all care except primary care, obstetrician/gynecologist services, urgent care, emergency care, chiropractic care and alternative medicine services. The POS has a large hospital network. Only the inpatient and outpatient surgery copays count toward out-of-pocket maximums.

Out-of-network medical care is received either without an in-network primary care referral or through physicians, practitioners or facilities not contracted with CIGNA. Not all services are available out-of-network. Benefits are subject to deductibles, except where a copay applies. Benefits with a deductible must have the deductible satisfied before coinsurance amounts are applied toward out-of-pocket maximums. The deductible does not apply to the out-of-pocket maximum.

Pre-certification is required for certain services both in- and out-of-network. You are responsible to ensure that pre-certification is obtained for out-of-network services, otherwise a penalty will apply. Members must reside in Arizona.

Your pharmacy benefit will now be chosen separately from your medical plan. Refer to the "Pharmacy Benefits for All Medical Plans" section for your pharmacy benefit choices. The CIGNA POS medical plan operates in the same fashion regardless of whether you choose the high option or low option plan.

To see a list of practitioners and hospitals participating in the CIGNA POS network, pick up a provider directory at a Paper Depot or go online to [www.mycigna.com](http://www.mycigna.com) or [www.cigna.com](http://www.cigna.com) and select the Provider Directory link, enter your physician search requirements and click the "Continue" button. From the next page, select your benefit plan or program and from the "For Network and Point of Service Plans" drop-down list, select the AZ – Arizona option. Then continue with the prompts. You can also call CIGNA's customer service department at 1-800-244-6224 and ask if a provider is participating in network AZ801.

Program features are below and on the next page.

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## 2005 CIGNA POS High Option Plan Design

### **In-Network**

#### **Deductible**

\$0

#### **Out-of-pocket**

#### **Maximums**

\$900 Individual

\$1,800 Family

#### **Lifetime Maximum**

\$0; No Pre-Existing Condition Limitation

#### **Office Visit**

\$15 copay

#### **Lab/X-ray**

No charge

#### **Specialist Office Visit**

\$25 copay

#### **Urgent Care**

\$50 copay if urgent, otherwise 70% after deductible

#### **Emergency Room**

\$100 copay if emergency, otherwise 70% after deductible

#### **Outpatient Surgery**

\$100 copay

### **Inpatient Hospitalization**

\$100/day, \$300 maximum per admission

### **MRI/MRA/PET/CT Scan**

\$50 copay

### **Chiropractic Services**

\$15 copay; 20-visit maximum

### **Alternative Medicine Visit**

\$5 copay; 10-visit maximum; \$60 credit for supplies and/or products; uses designated network

### **Physical, Speech & Occupational Therapy Visit**

\$15 copay, 60-visit maximum combined

### **Covered In-Network Only**

Alternative Medicine

Chiropractic Care

Durable Medical Equipment

External Prosthetics

Infertility Diagnosis and Corrective Treatment

Preventive Care

### **Out-of-Network**

#### **Deductible**

\$300 Individual

\$600 Family

#### **Out-of-Pocket Maximums**

\$3,000 Individual

\$6,000 Family

#### **Lifetime Maximum**

\$5 million

12-Month Pre-Existing Condition Limitation

#### **70% Standard Coinsurance**

You pay 30% of reasonable and customary costs plus excess charge\* after deductible

#### **Urgent Care**

\$50 copay if urgent, otherwise 70% after deductible

#### **Emergency Room**

\$100 copay if emergency, otherwise 70% after deductible

#### **Pre-Certification Penalty\***

50% for inpatient hospitalization; no coverage for outpatient services

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## NEW 2005 CIGNA POS Low Option Plan Design

### **In-Network**

#### **Deductible**

\$0

#### **Out-of-pocket**

#### **Maximums**

\$5,000 Individual

\$10,000 Family

#### **Lifetime Maximum**

\$0; No Pre-Existing Condition Limitation

#### **Office Visit**

\$35 copay

#### **Lab/X-ray**

No charge

#### **Specialist Office Visit**

\$50 copay

#### **Urgent Care**

\$75 copay if urgent, otherwise 70% after deductible

#### **Emergency Room**

\$150 copay if emergency, otherwise 70% after deductible

#### **Outpatient Surgery**

\$500 copay, then 90% coverage

### **Inpatient Hospitalization**

\$1,000 copay per admission, then 90% coverage

### **MRI/MRA/PET/CT Scan**

\$200 copay

### **Chiropractic Services**

\$50 copay; 20-visit maximum

### **Alternative Medicine Visit**

\$5 copay; 10 self-referred visits per year to designated network; \$60 credit for supplies and/or products

### **Physical, Speech & Occupational Therapy Visit**

\$50 copay, 60-visit maximum combined

### **Covered In-Network Only**

Alternative Medicine

Chiropractic Care

Durable Medical Equipment

External Prosthetics

Infertility Diagnosis and Corrective Treatment

Preventive Care

### **Out-of-Network**

#### **Deductible**

\$1,000 Individual

\$2,000 Family

#### **Out-of-Pocket Maximums**

\$10,000 Individual

\$20,000 Family

#### **Lifetime Maximum**

\$1 million

12-Month Pre-Existing Condition Limitation

#### **70% Standard Coinsurance**

You pay 30% of reasonable and customary costs plus excess charge\* after deductible

#### **Urgent Care**

\$75 copay if urgent, otherwise 70% after deductible

#### **Emergency Room**

\$150 copay if emergency, otherwise 70% after deductible

#### **Pre-Certification Penalty\*\***

50% for inpatient hospitalization; no coverage for outpatient services

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*\*Excess charge is the difference between billed charges and reasonable and customary costs. \*\*The approval a non-participating provider must receive from the health plan medical director prior to services being rendered, in order for certain services and supplies to be covered under the medical insurance agreement. If pre-certification is NOT approved, a penalty will be applied. You are responsible for contacting CIGNA before services are received.*

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# CIGNA Preferred Provider Organization (PPO)

A PPO features in-network and out-of-network benefits.

In-network medical care is accessed directly by the employee and/or family member through contracted physicians, practitioners and/or facilities without referrals. The PPO network has the broadest selection of providers and hospitals. Services may be received anywhere CIGNA's national network operates.

Out-of-network medical care is accessed directly by the employee and/or family member through *non-contracted* providers and/or facilities without referrals. Most benefits are subject to deductibles and coinsurance, and coinsurance applies to the out-of-pocket maximum. Copays are not applied toward the deductible. Not all services are available out-of-network.

Pre-certification is required for certain services both in- and out-of-network. You are responsible to ensure that pre-certification is obtained for out-of-network services, otherwise a penalty will apply.

Your pharmacy benefit will now be chosen separately from your medical plan. Refer to the "Pharmacy Benefit for All Medical Plans" section for your pharmacy benefit choices. The CIGNA PPO medical plan operates in the same fashion regardless of whether you choose the high option or low option plan.

To see a list of practitioners and hospitals participating in the CIGNA PPO network (in-network), pick up a provider directory at a Paper Depot or go online to [www.mycigna.com](http://www.mycigna.com) or [www.cigna.com](http://www.cigna.com) and select the Provider Directory link from the home page, enter your physician search requirements and then click the "Continue" button. From the next page, in the "Select your benefit plan or program," choose the option "Preferred Provider Organizations (PPO)" and continue with the prompts. You can call CIGNA's customer service department at 1-800-244-6224 and ask if a provider is participating in the PPO national network. You are not required to select a PCP and you can go to any participating PPO provider you choose, even a specialist, when using your in-network benefits. Program features are listed below and on the next page.

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## 2005 CIGNA PPO High Option Plan Design

### **In-Network**

#### **Deductible**

\$250 Individual  
\$500 Family

#### **Out-of-Pocket Maximums**

\$2,000 Individual  
\$6,000 Family

#### **Lifetime Maximum**

\$0; 12-Month Pre-Existing Condition Limitation

#### **80% Standard Coinsurance**

You pay 20% of the contracted rate after annual deductible

#### **Chiropractic Care**

Unlimited visits, chronic conditions not covered, care must be medically necessary

#### **Physical, Speech & Occupational Therapy**

60-visit limit for therapies in- and out-of-network combined, chronic conditions not covered, care must be medically necessary

#### **Alternative Medicine Visits**

\$5 copay; 10-visit maximum; \$60 credit for supplies and/or products; uses designated network

#### **Urgent Care**

\$50 copay; deductible waived

#### **Emergency Room**

\$100 copay; deductible waived

### **Covered In-Network Only**

Alternative Medicine  
Preventive Care

**NOTE:** *Infertility Diagnosis and Corrective Treatment is not covered in- or out-of-network*

### **Out-of-Network**

#### **Deductible**

\$750 Individual  
\$1,500 Family

#### **Out-of-Pocket Maximums**

\$4,000 Individual  
\$12,000 Family

#### **Lifetime Maximum**

\$5 million; 12-Month Pre-Existing Condition Limitation

#### **60% Standard Coinsurance**

You pay 40% of the reasonable and customary costs plus excess charge\* after deductible

#### **Chiropractic Care**

Unlimited visits, chronic conditions not covered, care must be medically necessary

#### **Physical, Speech & Occupational Therapy**

60-visit limit for therapies in- and out-of-network combined, chronic conditions not covered, care must be medically necessary

#### **Urgent Care**

\$50 copay if urgent, deductible waived, otherwise 60% after deductible

#### **Emergency Room**

\$100 copay if emergency, deductible waived, otherwise 60% after deductible

#### **Pre-Certification Penalty\*\***

50% for inpatient hospitalization; no coverage for outpatient services

## **NEW 2005 CIGNA PPO Low Option Plan Design**

Plan meets requirements as a high-deductible health plan; **allows purchase of a Health Savings Account.**

### **In-Network**

#### **Deductible**

\$1,100 Individual

\$2,200 Family

#### **Out-of-Pocket Maximums**

\$5,000 Individual

\$10,000 Family

#### **Lifetime Maximum**

\$5 Million; 12-Month Pre-Existing Condition Limitation

#### **80% Standard Coinsurance**

You pay 20% of the contracted rate after annual deductible

#### **Chiropractic Care**

80% after deductible, unlimited visits, chronic conditions not covered, care must be medically necessary

#### **Physical, Speech & Occupational Therapy**

80% after deductible, 60-visit limit for therapies in- and out-of-network combined, chronic conditions not covered, care must be medically necessary

#### **Alternative Medicine Visits**

\$5 copay; 10 visits per year; uses designated network; \$60 credit for supplies and/or products

#### **Urgent Care**

80% after deductible

#### **Emergency Room**

80% after deductible

**NOTE:** Infertility Diagnosis and Corrective Treatment is not covered in- or out-of-network

### **Covered In-Network Only**

Alternative Medicine

Preventive Care

### **Out-of-Network**

#### **Deductible**

\$1,100 Individual

\$2,200 Family

#### **Out-of-Pocket Maximums**

\$5,000 Individual

\$10,000 Family

#### **Lifetime Maximum**

\$5 million; 12-Month Pre-Existing Condition Limitation

#### **60% Standard Coinsurance**

You pay 40% of the reasonable and customary costs plus excess charge\* after deductible

#### **Urgent Care**

80% after deductible if urgent, otherwise 60% after deductible

#### **Emergency Room**

80% after deductible if emergency, otherwise 60% after deductible

#### **Pre-Certification Penalty \*\***

50% for inpatient hospitalization; no coverage for outpatient services

*\*Excess charge-The difference between billed charges and reasonable and customary costs. \*\*The approval a non-participating provider must receive from the health plan medical director prior to services being rendered, in order for certain services and supplies to be covered under the medical insurance agreement. If prior authorization is NOT approved, a penalty will be applied. You are responsible for contacting CIGNA before services are received.*

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## **Behavioral Health & Substance Abuse Services**

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### **United Behavioral Health (UBH)**

There is no deductible for this benefit. Benefits are payable only if services are pre-authorized by UBH before beginning treatment and services have been deemed medically necessary, except for out-of-network outpatient services. Program features are listed below. This benefit applies to all medical plans except the Low Option Preferred Provider Organization (PPO) plan which uses CIGNA Behavioral Health.

#### **In-Network**

\$25 per day inpatient hospital copay

\$100 per program intensive outpatient copay

\$10 per visit outpatient individual therapy copay

\$5 per visit outpatient group therapy copay

\$12.50 per day residential treatment copay

#### **Limits**

30 inpatient days per year

60 residential days per year

30 individual therapy outpatient visits for in- and out-of-network combined

60 group therapy outpatient visits for in- and out-of-network combined

#### **Out-of-Network**

\$25 benefit per visit outpatient individual therapy; you pay the balance of the bill

\$25 benefit per visit outpatient group therapy; you pay the balance of the bill

#### **Limits**

30 individual therapy outpatient visits/year for in- and out-of-network combined

60 group therapy outpatient visits/year for in- and out-of-network combined

\$5 million mental health/substance abuse lifetime maximum

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# Pharmacy Benefits for All Medical Plans

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## Walgreens Health Initiatives (WHI)

**ALL** medical plans (HealthSelect, CIGNA HMO, POS and PPO) have **two pharmacy benefits** from which to choose (Coinsurance Rx benefit and Consumer Choice Rx benefit). Both benefits are administered through WHI with convenient pharmacy locations including Albertson's, Basha's, CIGNA Medical Group pharmacies (CMGs), CVS, Eckerd's, Fry's, K-Mart, Osco, Safeway, Sam's Club, Target, Walgreens and Wal-Mart. Many pharmacies have extended hours.

Plan descriptions are listed below.

Some medications require prior authorization or must be used in a certain order (step therapy). Quantity limits apply to certain medications, and some drug classes, such as infertility and cosmetic medications, are excluded. Features available through WHI include a mail order service and a 90-day retail refill program for maintenance medications.

Your pharmacy benefit offers financial protection by ensuring that an individual never pays more than \$1,500 per year, and a family never pays more than \$3,000 per year, for covered prescription medications regardless of your pharmacy benefit choice. Once the annual maximum is met, all other covered prescriptions for the remainder of the plan year will be available at no cost to the individual and/or their family.

The formulary of preferred medications for the WHI coinsurance Rx plan can be found online at [www.mywhi.com](http://www.mywhi.com), or at the Paper Depots, or you can call WHI Customer Service at 1-800-207-2568 to have specific questions answered.



## Coinsurance Rx Benefit

The coinsurance Rx pharmacy benefit is a multi-level plan where a coinsurance (percentage of the cost of the medication) is charged (unless the applicable minimum or maximum threshold is met) based on the classification of the medication. In general, generic medications cost the least and non-preferred brand name medications cost the most. For each prescription filled, you and your physician can select from available generic, preferred brand or non-preferred brand medication. The coinsurance you pay toward any covered drug will be applied to your maximum out-of-pocket limit. The maximum out-of-pocket limit is \$1,500 for an individual and \$3,000 for a family. Once the out-of-pocket maximum is met, covered prescriptions are paid 100% by the plan for the remainder of the year. Any number of family members contributes to the family out-of-pocket maximum.

### Retail

- **Generic prescriptions:** You are responsible for 25% coinsurance of the contracted cost.\* The cost of each prescription will be at least \$2 but no more than \$12.
- **Preferred brand name prescriptions (on the approved formulary list):** You are responsible for 30% coinsurance of the contracted cost.\* The cost of each prescription will be at least \$5 but no more than \$30.
- **Non-preferred brand name prescriptions (not on the approved formulary list) with a generic equivalent:** You are responsible for a 50% coinsurance of the contracted cost\* plus the difference between the cost of the generic medication and the brand name medication. The cost of each prescription will be at least \$20. There are no maximum amounts for the costs of medications in this category.
- **Non-preferred brand name prescriptions (not on the approved formulary list) with no generic equivalent:** You are responsible for 50% coinsurance of the contracted cost.\* The cost of each prescription will be at least \$20. There are no maximum amounts for the costs of medications in this category.
- **Specialty pharmacy medications (not on the approved formulary list) with no generic equivalent:** You are responsible for a \$50 copay for specialty medications for complex health conditions. Specialty medications are received through the specialty pharmacy program, with an emphasis on expensive and difficult-to-find medications, injectables or other medications involving complex administration methods, strict compliance requirements, special storage, handling and delivery, education, monitoring and ongoing patient support. Patient conditions requiring the use of specialty medications include acromegaly, chronic granulomatous disease, cystic fibrosis, gaucher disease, hemophilia, multiple sclerosis, HIV/AIDS, viral hepatitis, some oncology-related conditions, psoriasis, rheumatoid arthritis, growth hormone disorders, respiratory syncytial virus (RSV), solid organ transplant and deep vein thrombosis.

## Mail Order

- Mail order prescriptions for an 84-91 day supply of generic medication cost 15% of the contract rate\*, with a minimum of \$6 and a maximum of \$28.
- Mail order prescriptions for an 84-91 day supply of preferred brand name medication cost 25% of the contract rate\*, with a minimum of \$15 and a maximum of \$70.
- Mail order prescriptions for an 84-91 day supply of non-preferred brand name medication with generic equivalent cost 50% of the contract rate\* plus the difference between the cost of the generic and brand medications. The cost of each 84-91 day prescription will be at least \$60. There is no maximum amount for the cost of medications in this category.
- Mail order prescriptions for an 84-91 day supply of preferred brand name medication without a generic equivalent cost 50% of the contract rate.\* The cost of each 84-91 day prescription will be at least \$60. There is no maximum amount for the cost of medications in this category.
- For non-formulary specialty pharmacy drugs received through home delivery, the cost of the medication is \$50 for a 30-day supply.

*\*Contracted cost is the discounted average wholesale price of the prescription plus the dispensing fee.*



## Consumer Choice Rx Benefit

The Consumer Choice Rx pharmacy benefit is a multi-level plan where Maricopa County fully funds the first level, you fund the second level — which functions as a deductible — and you and Maricopa County share the cost of the third level through coinsurance. The benefit is geared towards smart spending of all funds through the use of the most cost-effective medication. Any unused portion of the first level is rolled over to the next benefit year, creating a credit balance that you can use to pay for future prescription costs.

The amounts you pay towards any covered drug will be applied to your maximum out-of-pocket limit. The maximum out-of-pocket limit is \$1,500 for an individual and \$3,000 for a family. Once the out-of-pocket maximum is met, covered prescriptions are paid 100% by the plan for the remainder of the year. Any covered member's coinsurance contributes to the family out-of-pocket maximum.

- **Pharmacy Account:** The account is funded 100% by Maricopa County at the rate of \$200 per individual or \$400 per family. You use this amount to pay for prescription costs as you so choose. This plan does not have a formulary, but certain drugs require prior authorization or must be used in a specific order (step therapy). Quantity level limits apply to certain medications, and some drug classes, such as infertility and cosmetic medications, are excluded. Any unused portion is rolled over to the next benefit year.
- **Deductible:** The deductible is funded 100% by you at the rate of \$200 per individual or \$400 per family. You spend your deductible amount toward your prescription costs as you choose. If you have enrolled in the Mariflex FSA, you can use your pre-taxed funds to pay for medication costs at this level.
- **Insurance:** The insurance level covers the cost of the medication at 80% coinsurance based on the discounted cost of the medication. You pay a 20% coinsurance.
- **Specialty pharmacy medications will not be charged against your pharmacy account or deductible.** Instead, a \$50 copay will be charged. The out-of-pocket expense will be applied toward out-of-pocket maximums. You are responsible for a \$50 copay for specialty medications for complex health conditions. Specialty medications are received through the specialty pharmacy program, with an emphasis on expensive and difficult-to-find medications, injectables or other medications involving complex administration methods, strict compliance requirements, special storage, handling and delivery, education, monitoring and ongoing patient support. Patient conditions requiring the use of specialty medications include acromegaly, chronic granulomatous disease, cystic fibrosis, gaucher disease, hemophilia, multiple sclerosis, HIV/AIDS, viral hepatitis, some oncology-related conditions, psoriasis, rheumatoid arthritis, growth hormone disorders, respiratory syncytial virus (RSV), solid organ transplant and deep vein thrombosis.



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# Dental Plans

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Maricopa County employees may purchase dental insurance from one of two dental vendors – United Concordia or Employers Dental Services (EDS). Dental coverage may be purchased even if you waive medical insurance coverage.

## United Concordia Dental



United Concordia Dental gives you freedom of choice in selecting your dental provider by offering a product with **in-network** and **out-of-network** benefits.

A dentist participating in United Concordia's network will submit your claim, receive direct payment from United Concordia and accept the fee as payment in full (after your deductible and/or coinsurance). Using a participating dentist costs you less because services are covered at a higher percentage. *Class I (Diagnostic & Preventive Services)* is covered 100% and *Class II (Basic Restoration Services)* is covered at 80%. *Class III (Major Services)* is covered at 50%.

If you use a non-participating out-of-network dentist, you can assign payments to that dentist by signing the claim form appropriately. If you do this, your dentist will likely submit the claim for you since this means United Concordia dental will pay the dentist directly. If the dentist will not directly bill United Concordia, you must submit the claim.

United Concordia compensates all dentists according to its maximum allowable charge (MAC) schedules. Participating dentists agree to accept these allowances as payment in full for covered services less applicable coinsurance and deductibles. Non-participating providers are under no obligation to accept the payment as full payment, and may bill you for the difference between the billed charges and United Concordia's MAC schedule. Additionally, use of out-of-network dentists will cost more because services are covered at a lower percentage. *Class I (Diagnostic & Preventive Services)* is covered at 80% and *Class II (Basic Restoration)* is covered at 60%. *Class III (Major Services)* is covered at 50%.

To see a list of dentists participating in the United Concordia network, pick up a provider directory at a Paper Depot or go online to [www.ucci.com](http://www.ucci.com). Select the Find a Dentist link to the left, and on the next page, under "Step One," select the "Advantage *Plus*" option. Continue following the prompts. To review the complete plan document, refer to the "Where" section on Page 3. Program features are listed in the chart following the "Employers Dental Services (EDS)" section.

## Employers Dental Services (EDS)



EDS is a managed care dental organization. The advantages of joining this type of plan include no deductible, no claim forms, no yearly maximums, orthodontic services for children and adults, a prescription discount program, a large network of participating dentists, 24-hour-a-day emergency care and affordability with a focus on preventive procedures.

Specialty care is not a covered service but is provided at a discount. A discount for the treatment of temporomandibular joint (TMJ) pain is also part of your dental care benefit. A referral is not required to see an EDS specialist.

Immediate coverage is available for basic, preventive and major services. EDS covers pre-existing conditions, except for procedures in progress at time of enrollment. As an EDS member, you choose a general dentist from a network of contracted (participating) dentists. All members of your family choose the same dentist. You have the freedom to change dentists, with all changes received by the 20<sup>th</sup> of the month becoming effective the first of the following month.

To see a list of practitioners participating in the EDS network, pick up a provider directory at a Paper Depot or go online to [www.mydentalplan.net](http://www.mydentalplan.net). To review the complete plan document, refer to the "Where" section on Page 3. Program features are listed in the chart on the following page.





# Dental Plans Compared

United Concordia	Employers Dental Services
<b>Annual Calendar Year Maximum per person</b>	<b>Annual Calendar Year Maximum per person</b>
\$2,000	None
<b>Orthodontic Service</b>	<b>Orthodontic Service</b>
Diagnostic, Active and Retention Treatment 50% coinsurance Adults and Child \$3,000 Lifetime Orthodontic Maximum effective for treatment plans beginning on or after Jan. 1, 2005; lifetime maximum will be coordinated with prior group insurance carrier; continuing services previously covered under a pre-paid dental plan will not be covered	25% discount on all orthodontic services Metal banding, invisible braces and Invisalign braces are covered Appliances such as expanders, reverse headgear, Herbst, Pendulum, Nance, Tongue Crib, Jaspers, Sagittal, and Schwartz Prices on which the discount is calculated may vary by orthodontist
<b>Provider Network</b>	<b>Provider Network</b>
In-Network (participating) and Out-of-Network (non-participating) providers both available	Must use EDS contracted (participating) dentists
<b>Deductible</b>	<b>Deductible</b>
\$50 per person/\$100 per family (waived for diagnostic, preventive and orthodontic services for both In-Network & Out-of-Network services)	None
<b>Class I (Diagnostic, Preventive &amp; Palliative) Services</b>	<b>Diagnostic, Preventive &amp; Palliative Services</b>
Routine Oral Exams/Cleanings (twice/year) X-rays (limits apply) Sealants of Permanent Molars (through age 15) Fluoride (twice per year through age 18)  In-Network coverage 100% of maximum allowable charge Out-of-Network coverage 80% of maximum allowable charge*	At General Dentist: Office Visit-\$3 Routine Oral Exam-\$0 Cleaning-\$0 Oral exam-\$0 X-rays-\$0 Sealants-\$12 per tooth Fluoride-\$0 Emergency Services-up to \$200 reimbursement less applicable copay(s)
<b>Class II (Basic Restoration) Services</b>	<b>Basic Restoration Services</b>
Anterior Resin/Composite Fillings Amalgam Fillings Oral Surgery Endodontics Periodontics Repair of Denture and Bridgework Simple Extractions Complex Oral Surgery General Anesthesia  In-Network 80% of maximum allowable charge Out-of-Network 60% of maximum allowable charge*	At General Dentist: Fillings (amalgam)-\$8-\$21 copay Fillings (resin)-\$22-\$40 copay Oral Surgery: from \$35 copay Endodontics: root canal-\$170-\$265 copay Periodontics: debridement-\$80 copay; scaling and root planing/quadrant-\$90 copay
<b>Class III (Major Restorative) Services</b>	<b>Major Restorative Services</b>
Inlays, Onlays, Crowns Partial or complete dentures Fixed bridges Posterior resin/composite fillings  In-Network 50% of maximum allowable charge Out-of Network 50% of maximum allowable charge*	At General Dentist: Crown porcelain w/metal-\$250 copay + lab fee Complete dentures upper or lower-\$325 copay for each + lab fee Partial dentures upper or lower (resin base)-\$375 copay for each + lab fee Bridge per pontic-\$250 copay + lab fee

\*If the out-of-network provider charges more than the maximum allowable charge, you are liable for the difference between the MAC and the billed amount, in addition to your deductible and coinsurance.

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# Benefits Offered in 2005

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Many of your benefits will remain the same for 2005. A brief summary is provided below of all the health related benefits offered through Maricopa County. For detailed information, plan documents and the Know Your Benefits guide, please visit the Internet at <http://www.maricopa.gov/benefits>

## Auto, Home and Renters Insurance



You qualify for a special Maricopa County group discount on your auto, home and renters insurance through Group Savings Plus from Liberty Mutual.

## Behavioral Health and Substance Abuse Services

Your behavioral health and substance abuse services continue to be provided by United Behavioral Health (UBH) unless you elect the Low Option PPO plan. In that case, behavioral health and substance abuse services are provided by CIGNA Behavioral Health.

## Critical Illness Coverage



At your cost, you may purchase a supplemental critical illness insurance plan, underwritten by Trustmark Insurance Company, that pays a lump-sum amount upon the initial diagnosis of any covered critical illness. The plan is designed to cover indirect expenses associated with a critical illness such as loss of income, deductibles and copays, alternative treatments, meals and lodging, out-of-network treatments, home recovery, family care and living expenses.

## Dental Plan Choices

Your dental benefits continue to be provided through Employers Dental Services (EDS), a managed care dental organization dental plan, and United Concordia, a preferred provider organization (PPO) plan. See the "What's New for 2005 Benefits" section for details on plan design changes and "Dental Plans" section for how the plans operate.

## Medical Plans

Your medical insurance continues to be provided by either CIGNA or Maricopa County (HealthSelect which is administered by CIGNA). There are benefit and rate changes to all medical plans and four new low option plans are being introduced. The pharmacy benefit will now be selected separately from your medical plan. See the "What's New for 2005 Benefits" section for changes. Also see "2005 Medical Plan Choices" and "Pharmacy Benefits for All Medical Plans" sections.

## Pharmacy Benefits for All Medical Plans



There have been changes to the coinsurance-based pharmacy benefit and a new consumer-focused plan with a rollover feature is being introduced. The pharmacy benefit for the HealthSelect plan has been replaced as all medical plans now have two pharmacy plans from which to choose. The cost of this benefit is included in your medical plan premium. Both pharmacy benefit plans will be administered by Walgreens Health Initiatives (WHI). CIGNA Medical Group (CMG) facility pharmacies will also participate as full-service retail pharmacy locations for both pharmacy plans.

## Vision Benefit



Your vision benefit for all CIGNA and HealthSelect medical plans continues to be provided through Avesis, and if you select a CIGNA or HealthSelect product, you are automatically enrolled with Avesis. The cost of this benefit is included in your medical plan premium. The County also offers a separate (stand-alone) vision plan for employees who choose to waive their medical benefits. See the "2005 Premium Rates" section for costs.

# 2005 Premium Rates



## HealthSelect Rates for Maricopa County

All HealthSelect plan premiums include coverage for medical, pharmacy, behavioral health and substance abuse, vision, wellness and benefit contracts. Medical coverage is provided by Maricopa County and administered by CIGNA; pharmacy coverage is provided by Maricopa County and administered by Walgreens Health Initiatives (WHI); behavioral health and substance abuse coverage is provided by United Behavioral Health; vision coverage is provided by Avesis, and wellness coverage is provided by Maricopa County.

### HealthSelect High Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$331.26</b>	Employee and Child(ren)	<b>\$523.91</b>
Employee and Spouse	<b>\$628.16</b>	Employee and Family	<b>\$798.50</b>

### HealthSelect High Option Medical Plan with Consumer Choice Rx Plan

Employee	<b>\$326.16</b>	Employee and Child(ren)	<b>\$515.51</b>
Employee and Spouse	<b>\$617.92</b>	Employee and Family	<b>\$784.95</b>

### HealthSelect Low Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$279.11</b>	Employee and Child(ren)	<b>\$442.76</b>
Employee and Spouse	<b>\$530.16</b>	Employee and Family	<b>\$676.10</b>

### HealthSelect Low Option Medical Plan With Consumer Choice Rx Plan

Employee	<b>\$274.01</b>	Employee and Child(ren)	<b>\$434.36</b>
Employee and Spouse	<b>\$519.91</b>	Employee and Family	<b>\$662.55</b>

## CIGNA Rates for Maricopa County

All CIGNA plan premiums include coverage for medical, pharmacy, behavioral health and substance abuse, vision, wellness, contract performance, external prosthetic appliance and benefit contracts. Medical coverage is provided by CIGNA; pharmacy coverage is provided by Maricopa County and administered by Walgreens Health Initiatives (WHI); behavioral health and substance abuse coverage is provided by United Behavioral Health, except for the low option PPO plan which is provided by CIGNA Behavioral Health; vision coverage is provided by Avesis, and wellness coverage is provided by Maricopa County.

## CIGNA Health Maintenance Organization (HMO) Rates

### CIGNA HMO High Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$395.60</b>	Employee and Child(ren)	<b>\$649.05</b>
Employee and Spouse	<b>\$783.28</b>	Employee and Family	<b>\$1,038.20</b>

### CIGNA HMO High Option Medical Plan with Consumer Choice Rx Plan

Employee	<b>\$390.33</b>	Employee and Child(ren)	<b>\$640.36</b>
Employee and Spouse	<b>\$772.75</b>	Employee and Family	<b>\$1,024.24</b>

### CIGNA HMO Low Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$318.77</b>	Employee and Child(ren)	<b>\$522.77</b>
Employee and Spouse	<b>\$629.63</b>	Employee and Family	<b>\$834.65</b>

### CIGNA HMO Low Option Medical Plan with Consumer Choice Rx Plan

Employee	<b>\$313.51</b>	Employee and Child(ren)	<b>\$514.08</b>
Employee and Spouse	<b>\$619.10</b>	Employee and Family	<b>\$820.69</b>

## CIGNA Point of Service (POS) Rates

### CIGNA POS High Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$407.43</b>	Employee and Child(ren)	<b>\$668.75</b>
Employee and Spouse	<b>\$807.15</b>	Employee and Family	<b>\$1,069.78</b>

### CIGNA POS High Option Medical Plan with Consumer Choice Rx Plan

Employee	<b>\$401.88</b>	Employee and Child(ren)	<b>\$659.61</b>
Employee and Spouse	<b>\$796.05</b>	Employee and Family	<b>\$1,055.09</b>

### CIGNA POS Low Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$322.97</b>	Employee and Child(ren)	<b>\$529.91</b>
Employee and Spouse	<b>\$638.23</b>	Employee and Family	<b>\$846.03</b>

### CIGNA POS Low Option Medical Plan with Consumer Choice Rx Plan

Employee	<b>\$317.42</b>	Employee and Child(ren)	<b>\$520.77</b>
Employee and Spouse	<b>\$627.14</b>	Employee and Family	<b>\$831.34</b>

## CIGNA Preferred Provider Organization (PPO) Rates

### CIGNA PPO High Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$533.62</b>	Employee and Child(ren)	<b>\$878.91</b>
Employee and Spouse	<b>\$1,062.72</b>	Employee and Family	<b>\$1,409.76</b>

### CIGNA PPO High Option Medical Plan with Consumer Choice Rx Plan

Employee	<b>\$526.89</b>	Employee and Child(ren)	<b>\$867.82</b>
Employee and Spouse	<b>\$1,049.29</b>	Employee and Family	<b>\$1,391.93</b>

### CIGNA PPO Low Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$488.62</b>	Employee and Child(ren)	<b>\$804.82</b>
Employee and Spouse	<b>\$972.67</b>	Employee and Family	<b>\$1,290.42</b>

### CIGNA PPO Low Option Medical Plan with Consumer Choice Rx Plan

Employee	<b>\$481.89</b>	Employee and Child(ren)	<b>\$793.72</b>
Employee and Spouse	<b>\$959.25</b>	Employee and Family	<b>\$1,272.59</b>



## Dental Plans

### Employers Dental Services (EDS)

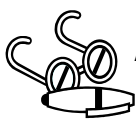
#### A Managed Care Dental Organization

Employee	<b>\$9.38</b>
Employee and Spouse	<b>\$17.83</b>
Employee and Child(ren)	<b>\$23.38</b>
Employee and Family	<b>\$26.93</b>

### United Concordia

#### A PPO Dental Plan

Employee	<b>\$29.54</b>
Employee and Spouse	<b>\$65.16</b>
Employee and Child(ren)	<b>\$70.46</b>
Employee and Family	<b>\$90.58</b>



## Avesis Vision Stand Alone Option

Available only if enrolling for the medical waiver payment

100% Paid by Employee

Employee	<b>\$6.98</b>	Employee and Child(ren)	<b>\$14.36</b>
Employee and Spouse	<b>\$13.18</b>	Employee and Family	<b>\$18.48</b>

# 2005 Premium Rates



## HealthSelect Rates for Special Health Care District

All HealthSelect plan premiums include coverage for medical, pharmacy, behavioral health and substance abuse, vision, wellness and benefit contracts. Medical coverage is provided by Maricopa County and administered by CIGNA; pharmacy coverage is provided by Maricopa County and administered by Walgreens Health Initiatives (WHI); behavioral health and substance abuse coverage is provided by United Behavioral Health; vision coverage is provided by Avesis, and wellness coverage is provided by Maricopa County.

### HealthSelect High Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$331.26</b>	Employee and Child(ren)	<b>\$523.91</b>
Employee and Spouse	<b>\$628.16</b>	Employee and Family	<b>\$798.50</b>

### HealthSelect High Option Medical Plan with Consumer Choice Rx Plan

Employee	<b>\$326.16</b>	Employee and Child(ren)	<b>\$515.51</b>
Employee and Spouse	<b>\$617.92</b>	Employee and Family	<b>\$784.95</b>

### HealthSelect Low Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$279.11</b>	Employee and Child(ren)	<b>\$442.76</b>
Employee and Spouse	<b>\$530.16</b>	Employee and Family	<b>\$676.10</b>

### HealthSelect Low Option Medical Plan With Consumer Choice Rx Plan

Employee	<b>\$274.01</b>	Employee and Child(ren)	<b>\$434.36</b>
Employee and Spouse	<b>\$519.91</b>	Employee and Family	<b>\$662.55</b>

## CIGNA Rates for Special Health Care District

All CIGNA plan premiums include coverage for medical, pharmacy, behavioral health and substance abuse, vision, wellness, contract performance, external prosthetic appliance and benefit contracts. Medical coverage is provided by CIGNA; pharmacy coverage is provided by Maricopa County and administered by Walgreens Health Initiatives (WHI); behavioral health and substance abuse coverage is provided by United Behavioral Health, except for the low option PPO plan which is provided by CIGNA Behavioral Health; vision coverage is provided by Avesis, and wellness coverage is provided by Maricopa County.

## CIGNA Health Maintenance Organization (HMO) Rates

### CIGNA HMO High Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$410.03</b>	Employee and Child(ren)	<b>\$672.80</b>
Employee and Spouse	<b>\$812.19</b>	Employee and Family	<b>\$1,076.48</b>

### CIGNA HMO High Option Medical Plan with Consumer Choice Rx Plan

Employee	<b>\$404.77</b>	Employee and Child(ren)	<b>\$664.11</b>
Employee and Spouse	<b>\$801.66</b>	Employee and Family	<b>\$1,062.52</b>

### CIGNA HMO Low Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$329.59</b>	Employee and Child(ren)	<b>\$540.57</b>
Employee and Spouse	<b>\$651.28</b>	Employee and Family	<b>\$863.33</b>

### CIGNA HMO Low Option Medical Plan with Consumer Choice Rx Plan

Employee	<b>\$324.33</b>	Employee and Child(ren)	<b>\$531.88</b>
Employee and Spouse	<b>\$640.75</b>	Employee and Family	<b>\$849.37</b>

## CIGNA Point of Service (POS) Rates

### CIGNA POS High Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$452.00</b>	Employee and Child(ren)	<b>\$742.03</b>
Employee and Spouse	<b>\$896.30</b>	Employee and Family	<b>\$1,187.91</b>

### CIGNA POS High Option Medical Plan with Consumer Choice Rx Plan

Employee	<b>\$446.45</b>	Employee and Child(ren)	<b>\$732.89</b>
Employee and Spouse	<b>\$885.21</b>	Employee and Family	<b>\$1,173.22</b>

### CIGNA POS Low Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$355.60</b>	Employee and Child(ren)	<b>\$583.51</b>
Employee and Spouse	<b>\$703.46</b>	Employee and Family	<b>\$932.44</b>

### CIGNA POS Low Option Medical Plan with Consumer Choice Rx Plan

Employee	<b>\$350.05</b>	Employee and Child(ren)	<b>\$574.37</b>
Employee and Spouse	<b>\$692.37</b>	Employee and Family	<b>\$917.76</b>

## CIGNA Preferred Provider Organization (PPO) Rates

### CIGNA PPO High Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$542.26</b>	Employee and Child(ren)	<b>\$893.13</b>
Employee and Spouse	<b>\$1,079.99</b>	Employee and Family	<b>\$1,432.65</b>

### CIGNA PPO High Option Medical Plan with Consumer Choice Rx Plan

Employee	<b>\$535.53</b>	Employee and Child(ren)	<b>\$882.03</b>
Employee and Spouse	<b>\$1,066.56</b>	Employee and Family	<b>\$1,414.82</b>

### CIGNA PPO Low Option Medical Plan with Coinsurance Rx Plan

Employee	<b>\$496.33</b>	Employee and Child(ren)	<b>\$817.55</b>
Employee and Spouse	<b>\$988.11</b>	Employee and Family	<b>\$1,310.92</b>

### CIGNA PPO Low Option Medical Plan with Consumer Choice Rx Plan

Employee	<b>\$489.60</b>	Employee and Child(ren)	<b>\$806.45</b>
Employee and Spouse	<b>\$974.69</b>	Employee and Family	<b>\$1,293.09</b>



## Dental Plans

### Employers Dental Services (EDS)

#### **A Managed Care Dental Organization**

Employee	<b>\$9.38</b>
Employee and Spouse	<b>\$17.83</b>
Employee and Child(ren)	<b>\$23.38</b>
Employee and Family	<b>\$26.93</b>

### United Concordia

#### **A PPO Dental Plan**

Employee	<b>\$29.54</b>
Employee and Spouse	<b>\$65.16</b>
Employee and Child(ren)	<b>\$70.46</b>
Employee and Family	<b>\$90.58</b>



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Employee and Spouse	<b>\$13.18</b>	Employee and Family	<b>\$18.48</b>

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# Glossary of Managed Care Terms

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**Coinsurance:** A cost-sharing requirement under a health insurance policy, which provides that the insured will assume a percentage of the costs of covered services after payment of the deductible.

**Copay :** A cost-sharing arrangement in which the insured pays a specified flat dollar amount for a specific service (such as \$15 for an office visit). The amount does not vary with the cost of the service, unlike co-insurance, which is based on a percentage of cost.

**Deductible(s):** Under a health insurance contract, amounts required to be paid by the insured before benefits become payable.

**Preferred Drug List (aka Formulary):** List of prescription drugs approved by a health plan or a pharmacy benefit manager. Drugs on the preferred drug list are covered under the pharmacy benefit and are generally more cost effective and as effective as other drugs in the same therapeutic class.

**Health Maintenance Organization (HMO):** HMOs offer comprehensive health coverage for both hospital and physician services. An HMO contracts with health care providers, e.g., physicians, hospitals and other health professionals, who participate in their network. The members of an HMO are required to use participating network providers for all health services, and many services must meet further approval by the HMO through its utilization review program. HMOs are the most restrictive form of managed care benefit plans because they restrict the procedures, providers and benefits.

**Health Savings Account:** A tax-exempt trust or custodial account established exclusively for the purpose of paying qualified medical expenses of the account beneficiary who, for the months for which contributions are made to an HSA, is covered under a high-deductible health plan.

**Healthplan Medical Director:** A physician charged by the health plan to assist in managing the quality of the medical care provided by participating providers in the health plan's network.

**Insured:** A person or organization covered by an insurance policy.

**Insurer (Insurance Company):** A corporation, such as CIGNA HealthCare of Arizona, engaged primarily in the business of furnishing insurance to the public.

**Primary Care Physician (PCP):** A physician who practices general medicine, family medicine, internal medicine or pediatrics and who, through an agreement with the insurer, participates in the network, provides basic health care services and arranges specialized services if chosen by the insured.

**Point-of-Service (POS) plan:** A plan that offers options each time the participant needs medical care in that providers and coverage level may be chosen at the time of service. When the insured's Primary Care Physician (PCP) coordinates medical care, only a copay for office visits is charged. Out-of-pocket costs for hospital and outpatient care are lowest. Authorization is necessary for hospitalizations and some types of outpatient care. There are no claims to file because the PCP handles everything. When care is received from a provider who is not in the insurer's network or care is received without getting a referral from the PCP, out-of-pocket costs are higher, and some services are not covered. Authorizations and filing of claims become the responsibility of the insured. An annual deductible must be met and then services are covered only up to the plan's reasonable and customary amounts. Pre-existing condition coverage is limited.

**Preferred Provider Organization (PPO):** A PPO is a plan that allows the insured to access medical services directly without coordinating care through a PCP. The plan offers a broad national network of providers. When care is received by a provider who is participating in the insurer's network, out-of-pocket expenses are lower. When care is received by a non-participating provider, costs are higher. Not all services are available outside the network. Coverage of pre-existing conditions is limited.



# Who to Contact

**Effective Jan. 1, 2005**

COMPANY	PHONE	WEB SITE & E-MAIL ADDRESSES
<b>Employee Benefits</b>		
Maricopa County Benefits Office Maricopa County Administration Building 301 West Jefferson St., Suite 201 Phoenix, Arizona 85003-2145	602-506-1010 Fax: 602-506-2354 Fax: 602-372-8548	Internet: <a href="http://www.maricopa.gov/benefits">www.maricopa.gov/benefits</a> Intranet: <a href="http://ebc.maricopa.gov/hr/benefits">ebc.maricopa.gov/hr/benefits</a> E-mail: <a href="mailto:BenefitsService@mail.maricopa.gov">BenefitsService@mail.maricopa.gov</a>
<b>Medical Plans</b>		
CIGNA Customer Service (HMO, POS and PPO) Group # 3205496	800-244-6224	Internet: <a href="http://www.cigna.com">www.cigna.com</a> Internet: <a href="http://www.mycigna.com">www.mycigna.com</a>
HealthSelect Customer Service Group # 3310592	800-244-6224	Internet: <a href="http://www.maricopa.gov/benefits">www.maricopa.gov/benefits</a> <a href="http://www.mycigna.com">www.mycigna.com</a> Intranet: <a href="http://ebc.maricopa.gov/hr/benefits">ebc.maricopa.gov/hr/benefits</a> Intranet: <a href="http://www.maricopa.gov/medcenter/healthplans">www.maricopa.gov/medcenter/healthplans</a> (for provider directory)
24-Hour Health Information Line (for CIGNA and HealthSelect members)	800-564-8982	
<b>Pharmacy Plan</b>		
Walgreens Health Initiatives Member Services Group # 512229 Prior Authorization Walgreens HealthCare Plus' Mail Order Member Service Mail Order Refills	800-207-2568  877-665-6609 888-265-1953 800-797-3345	Internet: <a href="http://www.mywhi.com">www.mywhi.com</a>
<b>Behavioral Health</b>		
United Behavioral Health (for HealthSelect and all CIGNA medical plans except CIGNA Low Option PPO) Group # 12488	866-312-3078	Internet: <a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> Access Code 12488
CIGNA Behavioral Health (for Low Option PPO) Group # 3205496	800-244-6224	Internet: <a href="http://www.cigna.com">www.cigna.com</a> Internet: <a href="http://www.mycigna.com">www.mycigna.com</a>
<b>Vision</b>		
Avesis (for HealthSelect and all CIGNA medical plans) Plan # 943 Group # 910790-95-01 (all medical plans) Group # 10790-2016-943 (if waived medical coverage and elected stand alone vision)	800-828-9341	Internet: <a href="http://www.avesis.com">www.avesis.com</a> E-mail: <a href="mailto:info@avesis.com">info@avesis.com</a>
<b>Dental</b>		
Employers Dental Services Group # 11931	602-248-8912 800-722-9772	Internet: <a href="http://www.mydentalplan.net">www.mydentalplan.net</a>
United Concordia Group # 815151-100	800-332-0366	Internet: <a href="http://www.ucci.com">www.ucci.com</a>
<b>Other Frequently Requested Information</b>		
CompuSys, Inc. of Arizona (COBRA Administrator)	602-234-0497	E-mail: <a href="mailto:mccobra@compusysaz.com">mccobra@compusysaz.com</a>
Arizona State Retirement System Outside Phoenix	602-240-2000 800-621-3778	Internet: <a href="http://www.asrs.state.az.us">www.asrs.state.az.us</a>
Public Safety Retirement System	602-255-5575	Internet: <a href="http://www.psprs.com">www.psprs.com</a>
ASI (Mariflex Administrator): Flexible Spending Accounts	800-659-3035	Internet: <a href="http://www.asiflex.com">www.asiflex.com</a> E-mail: <a href="mailto:asi@asiflex.com">asi@asiflex.com</a>
Liberty Mutual: Auto, Home and Renters Insurance	800-221-8135	Internet: <a href="http://www.libertymutual.com">www.libertymutual.com</a>
Nationwide Retirement Solutions: Deferred Compensation	602-266-2733 800-653-4632	Internet: <a href="http://www.maricopadc.com">www.maricopadc.com</a>
Trustmark: Critical Illness Coverage	480-991-4444, ext. 15	E-mail: <a href="mailto:enrollment@einsteinbenefit.com">enrollment@einsteinbenefit.com</a>